PRINTED: 02/13/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1' '	LILT IPL LDING	E CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
		09G154	B. WIN	IG		12/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER HOMES		STREET ADDRESS, CITY, STATE, ZIF CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012				
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W 000	INITIAL COMMEN	ITS	W	000			
	12/04/2007 through sampling of two clapopulation of three degrees of disability. This survey was confundamental process and two day prograteff and manage habilitation and active unusual incides 483.410(a)(1) GO. The governing book budget, and operation of the disability is governing policies and process guardianship and the findings included the facility is governing to the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed guardianship and the facility has enclient be provided appointed	conducted using the less. The findings of this survey iservations at the group home rams, interview with direct care ment, and a review of the diministrative records including ent reports. EVERNING BODY dy must exercise general policy, atting direction over the facility. is not met as evidenced by: derview and record review, the leg body failed to enactment edures to ensure the provision of to address client elopement. Ide: If you have a count and a count a count a count and a count a count a count a count and a count a cou		: [1. The ISP has been amended reflect who individual #1 has identified to sign substituted concerning her health, medica wellbeing and care. See Attact 1	consent al needs, hment #	DEBARTMENT OF HEALTH HEALTH REGULATION HEALTH REGULATION
LABORATO	<i>• </i>	VIDER/SUPPLIER REPRESENTATIVES SIG	NATURE	an	minimala de	7. 1.	(X6) DATE
1/2	W OUS SV /	1.111		11/11	(INNMINIUMENNAC) – P	5 ~ X V	- 6 K

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTI				
	09G154	B. WING			12/05	5/2007
ROVIDER OR SUPPLIER HOMES			66	34 EASTERN AVENUE, NW		
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provide this client was guardian. [Reference 2. Record review revealed Client #2 twice over the past record review revealed Client #2 twice over the past record review rever procedures on file management of the elopement. Intervie on 12/6/2007 at 12 current policies do There was no evide time of survey to supreventive measure ensure client safety management of ep [Reference W149] 483.420(a)(2) PRC RIGHTS The facility must end and behavioral state treatment, and of the client's mediand behavioral state treatment, and of the section prior psychotropic media #2]	on 12/6/2007 at 2:20pm " eloped " from the facility certification year. Further aled there was no policy or to govern the care and estituation of a client's ew with the facility's OMRP:10pm revealed that the not address client elopement, ence on file or presented at the abstantiate that proactive and es have been put in place to y with regards to the isodes of [client] elopement. OTECTION OF CLIENTS Insure the rights of all clients, its a minor), or legal guardian, cal condition, developmental atus, attendant risks of the right to refuse treatment. Is not met as evidenced by: Iton, staff interview and record failed to ensure the provisions to implementing a client's eation regimen. [Client#1 &			for this individual, and it was reviewed at her psychotropic medication review on 3/22/0 incident report was not comp these behaviors because in the individual did not leave the premises nor were they out of sight of the staff at anytime. The agency policy address what much be done in the case of a missis person and what constitutes a	7. An leted for is case the f eye The leeds to ling	2-13-2008
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	ROVIDER OR SUPPLIER HOMES SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa provide this client we guardian. [Reference 2. Record review revealed Client #2 twice over the past record review revealed review revealed Client #2 twice over the past record review revealed review revealed review revealed review revealed client #2 twice over the past record review revealed review procedures on file to management of the elopement of the survey to su preventive measure ensure client safety management of ep [Reference W149] 483.420(a)(2) PRC RIGHTS The facility must end Therefore the facility of the client's mediand behavioral sta treatment, and of the This STANDARD Based on observat review, the facility of this section proof psychotropic media #2]	FOORRECTION IDENTIFICATION NUMBER: 09G154 ROVIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 provide this client with either an advocate or a guardian. [Reference W249] 2. Record review on 12/6/2007 at 2:20pm revealed Client #2 " eloped " from the facility twice over the past certification year. Further record review revealed there was no policy or procedures on file to govern the care and management of the situation of a client 's elopement. Interview with the facility 's OMRP on 12/6/2007 at 12:10pm revealed that the current policies do not address client elopement. There was no evidence on file or presented at the time of survey to substantiate that proactive and preventive measures have been put in place to ensure client safety with regards to the management of episodes of [client] elopement. [Reference W149] 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure the provisions of this section prior to implementing a client's psychotropic medication regimen. [Client #1 &	ROVIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 provide this client with either an advocate or a guardian. [Reference W249] 2. Record review on 12/6/2007 at 2:20pm revealed Client #2 " eloped " from the facility twice over the past certification year. Further record review revealed there was no policy or procedures on file to govern the care and management of the situation of a client 's elopement. Interview with the facility 's QMRP on 12/6/2007 at 12:10pm revealed that the current policies do not address client elopement. 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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE S COMPLI		
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W 124	400mg of Tegretol Klonipin (for menta (for Psychosis) and (for explosive behaves) administered as prophysician is orders interview with the fat 1:56pm revealed has been actively is she was committed revealed, Client #1 Informed Consent and Behavior Suppno evidence that signification Review or the Human Right.	observed being administered (for mental condition), 2mg of all condition), 5mg of Risperdal 450mg of Lithium Carbonate vior disorder). Record review 's medications were escribed based on the current (a) (12/2007) that were on file. Cacility 's QMRP on 12/6/2007 of that Client #1 's older sister involved in her care ever since d. Further record review 's sister signed the "for Psychotropic Medication for the greement, but there is the took part in the Psychotropic which was held on 11/29/2007 ats Committee meeting to mentation of Client #1's	W 124	1. Individual #1's sister has invited to her sister's psychological medication review and any H meetings that pertain to this individual. See Attachment	tropic IRC	2-23-2008	
W 126	400mg of Chlorprodiction of Chlo	observed being administered omazine HCL (for Psychotic Klopin (for Panic ontrol). Record review to 's medications were rescribed based on the current is (12/2007) that were on file. Facility 's QMRP on 12/6/2007 of that Client #2 has not been advocate to date. Further isaled that no one stood as pointed guardian or advocate ropic medication review or the minittee meeting to address the her Behavior Support Plan.	W 126	2. See W104#1		2-27-2008	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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W 126	Therefore, the faci to manage their fin to do so to the extension of the state of t	nsure the rights of all clients. lity must allow individual clients hancial affairs and teach them ent of their capabilities. is not met as evidenced by: tion, staff interview and record failed to ensure that client's age their finances as required	W 1	26			
W 141	staff indicated that part in a shopping local mall and make given over the conthe facility's QMF revealed the facility under their names in the depositing of According to the Coprocures the funds President/Owner afrom the client's arevealed neither Councille or to substantiate the provided the opposition to the best of their 483.420(b)(1)(ii) Councille or the facility must ethat precludes any	g observations on 12/4/2007, Clients #1 and #2 were to take outing. They were to attend a see purchases for gifts to be ning holidays. Interview with RP on 12/5/2007 at 2:32pm y has accounts at a local bank, but neither of them takes part or withdrawal of their funds. MRP, the House Manager of from the facility 's after he withdraws the money accounts. Record review client #1 nor Client #2 had been mine their level of ability with management. There was no presented at the time of survey at both client's had a been runity to manage their finances ability. CLIENT FINANCES establish and maintain a system of commingling of client funds	W 1	All individuals had a memanagement assessment on 10/20/07 to determine to manage their money a subsequently active treat programs were implement the analysis of their indicassessments. See Attack	t completed their ability and tment onted based on vidual	2-23-2008	
	that precludes any					· <u>i</u>	

MARJUL HOMES SUMMARY STATEMENT OF DEFICIENCES PROVIDERS PLAN OF CORRECTION SPONDART PROVIDERS PLAN OF CORRECTION SPONDART CRESS-METERS DEPOLITION PROVIDERS PLAN OF CORRECTION OF COMMENTED AND STANDART Please note that the individuals financial records were available were available to be viewed at the time of the survey, however the severer did not review them at the site and requested that they be brought to 825 North Capitol Street the following day and the QMRP complied with this request, and upon the severer did not review the records. Additionally, all individuals do have interest bearing accounts a reputable financial institution and each person has their own account in their own name. Finance books are kept current by the house manager and reviewed by the administrator. W 153 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not mat as evidenced by: The STANDARD is not mat as evidenced by: SUMMARY STATEMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(ULTII		(X3) DATE SURVEY COMPLETED	
MARJUL HOMES Majurate Summary Statement of Deficiencies ID PREFIX PROVIDERS PLAN OF CORRECTION Continued From page 4 Other than another client. ID PREFIX PROVIDERS PLAN OF CORRECTION Continued From page 4 Other than another client. ID PREFIX This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure clients were afforded the benefit of separately identifiable interest bearing accounts. [Clients #1 & #2] The finding includes: During the evening observations on 12/4/2007, staff indicated that Clients #1 and #2 were to take part in a shopping outing. They were to attend a local mail and make purchases for gifts to be given over the coming holidays. Interview with the facility 's ORMRP on 12/5/2007 at 2:32pm revealed the facility has accounts at a local bank under their names, but neither of them takes part in the depositing or withdrawal of their funds. According to the OMIRP, the hank accounts are held under the facility is name, but each client's funds can be identified accordingly. There were no financial records available at the time of survey and as such, there was no means to ensure that each separate account accrued interest independently of each other per client. W 153 48.42(0)(2) STAFF TREATMENT OF CLIENTS The facility must be administrator or to other officials in accordance with State law through established procedures.			09G1 5 4	B. Wil	NG_		12/0	5/2007
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) W 141 Continued From page 4 other than another client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure clients were afforded the benefit of separately identifiable interest bearing accounts. [Clients #1 & #2] The finding includes: During the evening observations on 12/4/2007, staff indicated that Clients #1 and #2 were to take part in a shopping outing. They were to attend a local mall and make purchases for gifts to be given over the coming holidays. Interview with the facility is QMRP on 12/5/2007 at 2:32pm revealed the facility is name, but each client's funds can be identified accounts are held under the facility is name, but each client's funds can be identified accordingly. There were no financial records available at the time of the survey, however the severer did not review them at the site and requested that the benefit of the survey, however the severer did not review them at the site and requested that the power than a client with this request, and upon the arrival at the specified location, the surveyer was not there to review the records. Additionally, all individuals do have interest bearing accounts a reputable financial institution and each person has their own account in their own name. Finance books are kept current by the house manager and reviewed by the administrator. W 153 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of urknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	•				64	634 EASTERN AVENUE, NW		
other than another client. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure clients were afforded the benefit of separately identifiable interest bearing accounts. [Clients #1 & #2] The finding includes: During the evening observations on 12/4/2007, staff indicated that Clients #1 and #2 were to take part in a shopping outing. They were to attend a local mall and make purchases for gifts to be given over the coming holidays. Interview with the facility 's QMRP on 12/5/2007 at 232pm revealed the facility has accounts at a local bank under their names, but neither of them takes part in the depositing or withdrawal of their funds. According to the QMRP, the bank accounts are held under the facility's name, but each client's funds can be identified accordingly. There were no financial records available to be viewed at the time of survey and as such, there was no means to ensure that each separate account accrued interest independently of each other per client W 153 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LO BE	COMPLETION
established procedures.		This STANDARD is Based on staff interpretable facility failed to ensure the facility failed to ensure the facility failed to ensure the finding include. The finding include the findicated that part in a shopping clocal mall and make given over the compart the facility is QMR revealed the facility under their names, in the depositing or According to the Quelled under the facility under the facility under the facility under their names, in the depositing or According to the Quelled under the facility under the facility under the facility under the facility funds can be identified as such ensure that each scinterest independent 483.420(d)(2) STACLIENTS The facility must er mistreatment, neglinjuries of unknowr immediately to the	s not met as evidenced by: rview and record review, the ure clients were afforded the y identifiable interest bearing #1 & #2] s: observations on 12/4/2007, Clients #1 and #2 were to take outing. They were to attend a e purchases for gifts to be ing holidays. Interview with P on 12/5/2007 at 2:32pm has accounts at a local bank but neither of them takes part withdrawal of their funds. MRP, the bank accounts are ity 's name, but each client's fied accordingly. There were savailable at the time of there was no means to eparate account accrued noty of each other per client. FF TREATMENT OF Insure that all allegations of ect or abuse, as well as a source, are reported administrator or to other			Please note that the individuals financial records were available available to be viewed at the tithe survey, however the severe not review them at the site and requested that they be brought North Capitol Street the follow day and the QMRP complied withis request, and upon the arrive the specified location, the surve was not there to review the reconstitutionally, all individuals do interest bearing accounts a reputational institution and each phas their own account in their communications. Finance books are kept by the house manager and reviewed.	to 825 ving vith val at eyer cords. c have utable berson own current	2-23-2008
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	review the facility far elopement was rep section for one of two The finding include: Record review on 1 Client #2 " eloped the past certification this client eloped two felopement occur 5:45pm on that same eloped " from the find the second time slient out to the sidewalk. As recor was able to coax he QMRP was intervie and it was revealed #2 had eloped earliadded that there shreport generated be of elopement. The presented at the tir that these documents.	inn, staff interview and record alled to ensure a client 's orted as required by this wo sampled clients. [Client #2] is: 12/6/2007 at 2:20pm revealed from the facility twice over n year. Staff documented that wice on 2/27/07. The instances red at 4:36pm and again at me day. The first time she "facility, she stood on the porch. In the least on the ded, on both occasions, staff are back into the home. The ewed on 12/6/2007 at 12:05pm is that she was not aware Client for in the year. She further hould have been an incident ecause of the recorded events are was no evidence on file or the of survey to substantiate inted incidents of elopement are required by this	W 153	Elopement is a targeted behthis individual, and it was reher psychotropic medication on 3/22/07. An incident renot completed for these behacause in this case the indinot leave the premises nor yout of eye sight of the staff. The agency policy address to be done in the case of eleand what constitutes elopen Attachment #2	eviewed at a review bort was aviors ividual did were they at anytime. what needs opement	2-23-2008	
	Each client's active integrated, coordinated	treatment program must be ated and monitored by a lardation professional.			,		
.	Based on staff inte	is not met as evidenced by: rview and record review, the illed to ensure the coordination					

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PRÉFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
programmatic mease elopement; failed to assessed as a sulci. The finding includes 1. During afternoor on both 12/4/2007 a observed to Indeper after staff prompted various assignments of the house, on difficult out of sight. Record 2:20pm revealed Clifacility twice over the documented that this 2/27/07. Further recommend the second and the second and the second area of the supervised by stassuccessful in leaving assigned area, staff (calmly, as to preven her to return with the staff should use apprechain to escalat [Provider] staff or the	ge the implementation of sures to prevent a client's address a client being de risk; In and evening observations and 12/5/2007, Client #2 was adently manage her chores her to initiate each task. The stook place at different parts ferent floors, and oftentimes direview on 12/6/2007 at ient #2 "eloped" from the e past certification year. Staff is client eloped twice on cord review revealed Client #2 essment dated 8/23/2007 intial to elope with the following indations: will decrease episodes of	W 159	1. During the time of the elog the individual referenced was one to one supervision and the regards elopement as running street, which this individual do in this case. And staff hav trained on what constitutes eleand how to properly document events. See attachment #5.	under e BSP into the id not e been opement	2-25-2008

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G154	B. WING		12/05/2007	
NAME OF PI	ROVIDER OR SUPPLIER		66	EET ADDRESS, CITY, STATE, ZIP CODE 34 EASTERN AVENUE, NW (ASHINGTON, DC 20012		
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W 189	Continue to emphastrategies outlined avoid behaviors be b. Continue to me Further interview was revealed she was Psychologist mear Client #2 remain in addition, she state staffing was discorpsychologist had resupervised by staffshould "pursue hassigned area" presented or on fill substantiate that the services was implested to elope the control of th	plement behavior support plan. asize following the proactive in the behavior program to efore they occur. conitor [maladaptive] behaviors. with the facility 's QMRP not certain what the nt when she recommended in her "assigned area". In d this client 's one-to-one intinued, but was not aware the ecommended this client be " if at all times " and that staff er " if she leaves her " There was no evidence e at the time of survey to the necessary coordination of emerited to address this client '	W 159	 No statement of this natureflected in the psychiatric assessment, however the psychological assessment do recommend the implementation the suicide behavior protocolis filed in the individuals IPI and it is recommended to by implemented as needed by the psychologist. See W141 	pes tion of I which P book	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G154	B. WING			12/05/2007	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	- 1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 189	Continued From pa employee to perfor efficiently, and com	rm his or her duties effectively,	W	189			
1	Based on interview failed to ensure that provided with adeq	is not met as evidenced by: and record review, the facility at each employee had been uate training to enable them to s effectively, efficiently and				;	
W 2 09	Record review on 1 Client #2 " eloped the past certificatio this client eloped to review also revealed Psychologist had a 8/23/2007 by record to prevent this client evidence that staff manage, document elopement. [Refere	I2/6/2007 at 2:20pm revealed "from the facility twice over n year. Staff documented that vice on 2/27/07. Record ed that the attending ddressed this need on nmending a treatment strategy nt's elopement. There is no had been trained on how to t and/or report this client's ence W149 & W153] VIDUAL PROGRAM PLAN	w	209	Staff have been trained on how document, prevent, manage as persons elopement, and what constitutes elopement.		2-25-2008
	client is a minor), o	e client, his or her parent (if the or the client's legal guardian is e participation is unobtainable					
	Based on staff inte facility failed to ens	is not met as evidenced by: view and record review, the ure the inclusion of a client 's eation of the Comprehensive ment.			:		
	The finding include	e s :	i				i

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 209	Continued From pa	ige 9	W 209			
W 212	Psychotropic Medic Program Plan mee Committee meeting Habilitation Plan meeting Habilitation Plan meetification year. client 's sister has opportunity to take Interview with the fat 1:56pm revealed taken an active role younger sister since QMRP could not exidence to show yeart in the various throughout the year presented or on fille has been afforded sister take part in the 483.440(c)(3)(i) INIThe comprehensividentify the presented.	DIVIDUAL PROGRAM PLAN e functional assessment must ting problems and disabilities	W 212	See W124 #1		2-23-2008
	Based on staff inte facility failed to acc potential to attemp The finding include While reviewing ho #2's episodes of o	is not met as evidenced by: rview and record review, the curately assess a client 's t suicide. es: www.the facility managed Client elopement on the afternoon of				
	#2 's episodes of o 12/6/2007, it was fo Psychiatric assess	ow the facility managed Client elopement on the afternoon of gund that Client #2 's ment dated 9/13/2007 resolved juild "Implement Reintegration				:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
		09G154	B. WING	12/05/2007	
NAME OF P	ROVIDER OR SUPPLIER HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
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	". A secondary revolute of the control of the contr	ehavior Protocol when needed view of the records with the ce revealed that there was no ecording that this client was a also not clear how or why the ed as such. It was also not eintegration Plan and Suicide entailed. The actual plan d anywhere in this client's EP indicated that she will to ensure the health and	W 212 No statement of this nature is reflected in the psychiatrist assessment, however in the psychological assessment da 9/13/07 written by the psychological does recommend the implement of the reintergration plan and behavior protocol as needed filed in the individuals IPP being recommended by the psychological specific protocol as needed filed in the individuals IPP being recommended by the psychological specific protocol as needed filed in the individuals IPP being recommended by the psychological specific protocol as needed filed in the individuals IPP being recommended by the psychological assessment as seen as the psychological assessment as protocol as needed filed in the individuals IPP being recommended by the psychological assessment as part of the psychological assessment as protocol as needed filed in the individuals IPP being recommended by the psychological assessment as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individuals IPP being recommended by the psychological as protocol as needed filed in the individual as psychological as protocol as needed filed in the individual as psychological as protocol as needed filed in the individual as psychological as protocol as needed filed in the individual as psychological as psych	ted 2-23-2008 ologist nentation i which is	
	This LEVEL B is n Based on observat review, the facility t programmatic inter was designed with #2]	orojected completion dates. ot met as evidenced by: ion, staff interview and record ailed to ensure a client 's vention to manage elopement a targeted end date. [Client			
	approximately 1:15 assess her on 8/23 treatment goal of ' episodes of elopen month " as a meal maladaptive behav maladaptive behav targeted end date, of monitoring and/o	ecord review on 12/6/2007 at pm, Client #2 's Psychologist W2007 and recommended the Client #2 will decrease ment to zero incidents per ins of addressing this ior. The goal addresses the ior but, does not provide a As such, there is no measure or re-assessment in place to cry of the proactive strategies.	1. The psychologist will rev BSP of Client #2 to indicate of time as to when zero epis elopement per month should achieved and when that beha should be removed from the	a period odes of l be avior	
ORM CMS-21	567(02-99) Previous Version.	S Obsolete Event ID: HU3F11	Facility ID: 09G154 If com	thuston cheet Page 11 of 24	

PRINTED: 02/13/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 09G154 12/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) W 230 Continued From page 11 W 230 [Reference W159 and W189] 2. Observation at the facility and at Client #1 's day program on 12/4/2007 and 12/5/2007 revealed she requires consistent prompting to stay on task and appeared to tire quickly whenever engaged in any activity which required physical exertion. Review of Client #1's programmatic record revealed her Nutritional assessment dated 3/6/07 recommends that the The objective has been revised facility manage Client #1 's weight via the 2-23-2008 the read that she will exercise for following treatment plan: fifteen consecutive minutes in the AM a. Goal - " [Client #1] will improve her physical and fifteen consecutive minutes in the fitness skills " PM by doing an activity of her choices b. Objective 3a - " [Client #1] will exercise for that elevates her heart rate with two thirty minutes by doing an activity that elevates verbal prompts for three consecutive her heart rate with 2 verbal prompts for three months by 4/20/08. See attachment #6 consecutive months. c. Objective 3b - " [Client #1] will exercise for thirty minutes by doing an activity that elevates her heart rate with 1 verbal prompts for three consecutive months. None of the above programmatic objectives are presented with targeted end dates. As such. there is no timetable in place to accurately monitor the effectiveness of the programming plan and this client is steadily gaining weight.

[Reference W249]

W 232 | 483.440(c)(4)(iv) INDIVIDUAL PROGRAM PLAN

The objectives of the Individual program plan must be organized to reflect a developmental progression appropriate to the individual.

This STANDARD is not met as evidenced by: Based on staff interview and record review, the W 232

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 232	opportunity to take to being provided a The finding include Interview with Staff revealed Client #1 bed at night, but, If while. Staff #1 add waking up very free reasons. Record r documented " urin 2006 between 10/2 2/2007. The over been documenting shower quite frequinterview with the Cagrees that this clientiapht and showerin nights between 12/there has been no showers". Note: indicate this client approximately 5-6. Further record revit Urology assessme recommended that #1] to void every the QMRP indicated the never implemented decided that this clientia dult diapers to ma There was no evide time of survey to seprovided the lesser	sure a client be afforded the part in a toileting program prior adult diapers. [Client #1] as: f #1 on 12/6/2007 at 2:25PM has a history of wetting her his hasn't happened in a ded that Client #1 has been quently at night for various review revealed staff hary accidents " six times in 2006 and 12/2006; and twice in hight staff (12-8am) have also at that this client is waking up to ently during their shift. QMRP at 2:46pm reveals, she ent has been waking up at 19/8/2006 and 12/6/2007, but 19/8/2006 and 12/6/2007, but 19/8/2006 and 12/6/2007, but 19/8/2006 and 12/6/2007 but 19/8/2006 and 12/6/2007 but 19/8/2007 at the facility " encourage [Client 19/8/2007	W	232	The facility has implemented recommendations of the urold and is encouraging the person every three hours and is keepi record as to whether or not sh voided, and under no circums are adult diapers being used. attachment #7	ogist to void ing a e has tances	2-23-2008

PRINTED: 02/13/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY. AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G154 12/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW **MARJUL HOMES** WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) W 249 483.440(d)(1) PROGRAM IMPLEMENTATION W 249 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review the facility failed to ensure that clients receive interventions as specified in their behavior management plans for two of three sampled Clients. The findings include: During evening observations on 12/4/2007, Client #1 was provided smaller portions than her 1. Staff have been trained on how to housemates. She was also provided a small 2-26-2008 serving of yogurt and a bowl of fruit at the end of monitor and document the nutritional her meal. The other clients were not provided the plan as recommended for individual # yogurt. Interview with the facility 's QMRP at 1. 2:50pm revealed Client #1 was supposed to have the yogurt instead of the fruit. The QMRP then stated that she was not sure if she could have both. Record review on 12/6/2007 at 3:12pm revealed Client #2 's Nutritionist assessed her ideal Body Weight (IBW) to be 111lbs to 148lbs. The assessment was completed on 3/6/07 and it further recommends: a. A diet change to 1500 kcal weight reduction,

breakfast/or at dinner diet.

low cholesterol, low fat yogurt 1 cup at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-) ' '	AULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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W 249	Continued From pa b. Provide adequa c. Monitor food int d. Monitor weight e. Attain and mair body weight range.	ate hydration. Itake frequently. monthly. Intain weight within 10% of ideal	W,2	249			:
	QMRP, revealed the available to substant hydration "was being me provision and Intake monitored and doctoreview revealed this 180 to 178 between 7/2007 but, increase the months of 8/200 important to note the level has been asset also no means of as increasing or decreasing or decreasing to substant to decreasing or decreasing the substant to decreasing or decreasi	ew, with the assistance of the last there was no means intiate that "adequate ling provided or that her food inonitored. Interestingly, the e of the yogurt is being umented. Further record is client weight dropped from in the months of 4/2007 and red again to 183lbs between 107 and 11/2007. It is also that this client 's cholesterol lessed to be 236 and there is is assing accordingly. There was no file or presented at the time					
	of survey to substar nutritional plan has recommended. 2. Review of and a medications provide Client #2 's also red	assessment of the ed during med-pass revealed ceives 10mg of Oxybutymin dder control. Further record		:	2. See W232		2-23-2008
	details to continue to the urology consultate nocturnal enuresis. b. Urology assess	ment dated 2/8/2007 the facility "encourage [Client				·	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 249	Continued From pa	ge 15	W 249			11 444 4
	at 2:17pm revealed made by the Urolog to date. As such, if provided adult diap plan. [Reference V	- !		· · · · · · · · · · · · · · · · · · ·		
	12/4/2007 and 12/5 failed to implement outlined in Client # assessment. [Refe	and record review on 5/2007 revealed the facility the proactive strategies 2 's 8/23/2007 Psychological erence W159]	W 252	3. See W232		2-23-2008
	specified in client is	complishment of the criteria ndividual program plan documented in measurable				
	Based on observat review the facility fi implementation of documenting the fr behaviors as recor	an effective system of equency of maladaptive nmended in a Client's nent plan for two of three				
	The findings includ	e:		!		
	program on 12/4/20 she requires consist and appeared to tin any activity which r	facility and at Client #1 's day 207 and 12/5/2007 revealed stent prompting to stay on task re quickly whenever engaged in equired physical exertion.				

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	revealed her Nutriti recommends that the veight via the follows: 1. Goal - " [Client fitness skills " 2. Objective 3a thirty minutes by do her heart rate with consecutive month: 3. Objective 3b thirty minutes by do her heart rate with consecutive month: 4. Objective 3b thirty minutes by do her heart rate with consecutive month: Review of the data #1 rode her station: 12/1, 20 minutes or on 12/4 and for 30 interview with the fat 3:37pm revealed person to stay focu constant redirection data collection coul for a total of 30 minutes or consecutively, methodology in correvidence that this or required or long en heart rate as the proceeding the processes over the processes over the processes over the processes over the processes the consecutive of the processes over the proceses over the processes over the processes over the processes over	onal assessment dated 3/6/07 the facility manage Client #1 's wing treatment plan: I #1] will improve her physical "[Client #1] will exercise for long an activity that elevates 2 verbal prompts for three s. "[Client #1] will exercise for long an activity that elevates 1 verbal prompts for three s. "collection logs revealed Client lary bike for 20 minutes on 12/2, 30 min on 12/3, 30 min min on 12/5 of this year. In activity s QMRP on 12/6/2007 If Client #1 is not the kind of lient #1 is not the kind of lient #1 is not the kind of lient engaged in the activity as lough to produce an elevated logram recommended. As lient engaged in the activity as lie	W 252	See W230 #2		2-23-2008
	The committee sho are conducted only	ould insure that these programs with the written informed		1		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE S COMPLI	
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W 263	Continued From pa consent of the clier minor) or legal gua	nt, parents (if the client is a	W:	263			
;	Based on staff inter facility failed to ens incorporate restriction medications to controlly with the writter	is not met as evidenced by: rview and record review, the ure that programs which ive techniques and the use of trol behaviors were conducted in informed consent of the client or two of the two sampled and #2]					
	The findings includ	e:					
	400mg of Tegretol Klonipin (for mental (for Psychosis) and (for explosive behavevealed this client administered as prophysician 's orders but it was done so of an advocate. In QMRP on 12/6/200 Client #1 's older sagreeing to her sist medication regimentalled to ensure informplementing a pha	observed being administered (for mental condition), 2mg of I condition), 5mg of Risperdal 450mg of Lithium Carbonate vior disorder). Record review 's medications were escribed based on the current (12/2007) that were on file, without the informed consent terview with the facility 's 17 at 1:56pm revealed that hister has not taken part in ter being provided the nisted above. The facility has armacological regimen to maladaptive behavior.			1. The facility has ensured informed consent prior to implementing a pharmacolo regimen to manage individu maladaptive behavior. See attachment #8.	gical	2-27-2008
	400mg of Chlorpro Disorder) and 1mg Attacks/Impulse Co revealed this client	observed being administered mazine HCL (for Psychotic Klopin (for Panic ontrol). Record review 's medications were escribed based on the current					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
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W 263	physician 's orders but it was done so of an advocate. In QMRP on 12/6/200 Client #2 has not be advocate to date. It that no one of an a informed consent of implementing the nabove. The facility consent prior to impregimen to manage behavior.	(12/2007) that were on file, without the informed consent derview with the facility 's 17 at 2:00pm revealed that seen appointed a legal Further record review revealed dvocate status has provided in behalf of this client before medication regimen listed has failed to ensure informed plementing a pharmacological et a client 's maladaptive	w:		2. The facility has ensured winformed consent prior to implementing a pharmacologi regimen to manage individual maladaptive behavior. See attachment #8.	cal	2-27-2008
	as prescribed by the client needs. This STANDARD Based on staff intefacility failed to ens	inst include other nursing care e physician or as identified by is not met as evidenced by: rview and record review, the the continued Urology care pled clients. [Client #2]		:			
	provided during me also receives 10mg for bladder control. Urology assessment attempted to secur 10/15/07, but the cappointment. The was dated for 11/20 that this appointment of clear if the nurs	essment of the medications ad-pass revealed Client #2 's g of Oxybutymin CL ER daily Client #1 's last completed in the was 2/8/2007. The facility element follow-up appointment on lient refused to attend the next scheduled appointment 2/2007. There is no evidence in this been completed. It is sing staff was aware of this rinot, but it is important to note			This person was seen by the uon 1/16/08, and the urologist recommended that she limit leconsumption.	•	2-23-2008

PRINTED: 02/13/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 09G154 12/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 339 Continued From page 19 W 339 that this client has been waking up about 5 - 6 nights per week to shower. It is also not clear if these episodes are due to her nocturnal enuresis or not. [Reference W249] 483 460(e)(1) DENTAL SERVICES W 348 W 348 The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienists either through organized dental services in-house or through arrangement. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure the recommended dental follow-ups are required for two of two sampled clients. [Clients #1 & #2] The finding includes: Observation on 12/4/2007 revealed Client #1 * s teeth to be discolored. Record review revealed 1 Staff have been trained on the 2-26-2008 this client 's Dental evaluation dated 12/4/2006 importance of the individuals oral recommended "filling of #5 #6 (f), 37 (MILF), hygiene and documenting that #25 (MILF), #26 (DF) and #27 (ML). Patient individual #2 has brushed her teeth needs treatment under deep conscious sedation.

Coordinator/Nursing ".

e.

care plan identifies:

In addition, this client 's Health management

b. Risk management procedure: " brush teeth 2
-3x a day after meals and before bedtime."
c. Responsible staff: " DCS " .
d. Training required: " yes "

 a. Risk Area: * potential for poor oral hygiene/tooth decay, calculus, cavities.

Oversight Scheduled: "ongoing "

Oversight Staff: " Program

#9

three times per day. See attachment

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 093<u>8-039</u>1 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED. IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING R WING 09G154 12/05/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION 10 (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) W 348 W 348 Continued From page 20 There was no evidence on file or presented at the time of survey to substantiate that these treatment recommendations had been completed. There was no evidence that this client received tooth brushing " 2-3x " a day and there was no evidence that the nursing staff had been monitoring of this client's oral health since the 12/4/2006 assessment. In addition, there is no evidence that this client has been afforded dental services over the past certification year. Observation on 12/4/2007 revealed Client #2 * s teeth were also discolored. Review of Client #2 's records revealed the following: 2. Client #2 has received dental care 2-23-2008 a. Dental assessment dated 12/4/2006: in the past survey year. See recommended * filling of #5 + #6 (f), 37 (MILF), attachment #10. #25 (MILF), #26 (DF) and #27 (ML). Patient needs treatment under deep conscious sedation. Call in January to re-schedule. No evidence that the " fillings were ever completed ". b. Dental evaluation dated 2/21/07: recommended " cleaning, peroi eval, 2 filling #14; #29. No return appointment recommended. No evidence that the cleaning and fillings were completed. Dental evaluation dated 11/27/07: recommended " perio eval, deep scaling 4 quad, full x-ray, 2 filling on #2, #26. Return appointment 12/18/07. Further review of the records revealed none of the above treatments were completed. Interview with the facility's QMRP on 12/6/2007 at 1:30pm revealed she was not aware that these recommendations were not being followed. The QMRP also added that the dental provider was switched between the 12/4/2006 appointment and the 2/21/2007 appointment. With that being said,

she also did not know if the dental history was

PRINTED: 02/13/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0<u>938-0391</u> CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION A. BUILDING R WING 09G154 12/05/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) W 348 W 348 | Continued From page 21 passed from the old dentist to the new. The facility falled to ensure the provision of consistent and aggressive dental services to manage a client 's declining oral health. W 350 W 350 483.460(a)(3) DENTAL SERVICES The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that client 's received aggressive and consistent intervention to manage their declining oral health for two of two sampled clients. The finding includes: Both Clients #1 and #2 has been recommended for several extractions and fillings over the past Staff have been trained on the certification year. Both have been recommended importance of the individuals oral to receive tooth brushing " 2-3x daily " . Both 2-26-2008 client's oral health has not improved over the hygiene and documenting that past year. In addition, there is no evidence that individual #2 has brushed her teeth the facility has enacted measures to ensure their three times per day. oral health does not get any worse. Interview with the facility 's QMRP on 12/6/2007 at 1:30pm revealed she was not aware these recommendations were not being followed and she does not know if staff in monitoring and instructing the clients how to properly care for their oral health. W 455 483.470(I)(1) INFECTION CONTROL W 455

There must be an active program for the prevention, control, and investigation of infection

and communicable diseases.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL		LE CONSTRUCTION	(X3) DATE SI COMPLE	
		09G154	B. WIN	G		12/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER			663	ET ADDRESS, CITY, STATE, ZIP CODE 34 EASTERN AVENUE, NW ASHINGTON, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
W 455	Continued From pa	ige 22	W 4	55			
	Based on observatively, the facility for provided with clean [Client #1]	is not met as evidenced by: ion staff interview and record alled to ensure clients are and sanitary clothing to wear.		:			
	again on12/5/2007 wearing a quarter later front of this coeither saliva, food of was allowed to weard on her commutate/4/2007. The factors	observation on 12/4/2007 and Client #1 was observed ength dark colored overcoat at appeared to be soiled of or some other bodily fluid. She ar this coat around the home whity outing on the evening of cility failed to ensure this client an coat to wear over the period			The House manager will be responsible for ensuring that have been trained on the imp on making sure that all indiv have on clean clothing.	ortance	2-26-2008
W 488	The facility must as	NG AREAS AND SERVICE ssure that each client eats in a with his or her developmental	W 4	188			:
	Based on observat review, the facility allowed to eat with	is not met as evidenced by: dion, staff interview and record failed to ensure that clients be the proper eating utensils to of two sampled clients.				·	
	The finding include	PS :					
	Clients #1 and #2 v salad with a spoon	observations on 12/4/2007, were observed eating their . On several occasions during ades of lettuce would fall off the		, 1	·	,	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 09G154

12/05/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Ю (X4) IO PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 488 Continued From page 23 W 488 spoon and back into the salad bowl as they attempted to eat. With that problem, both clients It is the policy of MarJul Homes that resorted to occasionally using their hands to 2-26-2008 make sure they could eat their salad. Interview all individual eats with the proper with the facility's QMRP on 12/6/2007 at 2:40pm utensils during all meals. Staff will revealed the clients were probably given spoons inserviced on ensuring that all to eat their salad because Client #2 may have individuals are given proper utensils attempted to stab a staff 's hand with a metal fork; unless specified by the BSP. in times past. There was no evidence on file or presented during the survey to substantiate the claim nor was it recorded and demonstrated anywhere in the records that these clients were not able to manage eating their meals using a fork.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI			(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE S COMPL	ETEO			
,		09G154				12/0	5/2007		
NAME OF P	NAME OF PROVIDER OR SUPPLIER			RESS, CITY, S	TATE, ZIP CODE				
MARJUL	. HOMES		6634 EAST WASHINGT	6634 EASTERN AVENUE, NW WASHINGTON, DC 20012					
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1 000	INITIAL COMMEN	TS		000 1					
	12/05/2007 throug with varying degree GHMRP. Two of the randomly selected findings of the sun observations at the programs, intervie	was conducted from h 12/06/2007. Three es of disabilities residents we for the survey sample vey were based on e group home and daws with staff and resides including the unus	females Je in the ere Le, The ly dents, and						
l 144	its philosophy and shall include, at a (e) The GHMRP advocates and leg This Statute is no Based on staff into Group Home for M (GHMRP) failed to programmatic goal	all have a written state programmatic goals minimum, the following a relationship with plant guardians; and at met as evidenced between and record review and record rec	which ng: arents, by: view, the rsons bhy or vision of	1144		2008 FEB 25 A II: 43	RECEIVED SEARTHENT OF HEALTH HEALTH REGULATION ADMINISTRATION		
	Resident #2 was appointed guardia Retardation Profesthe GHMRP has appointed guardia documentation or time of survey to	de: 12/6/2007 at 2:15pm without the services of an. The Qualified Mel essional (QMRP) indicended measures to rovided the services of an or advocate. There in file or presented du substantiate that the	of a court intal cated that ensure of a court e was no ring the						
	pulation Administration AND PROPERTY OR PRO-	VIDER/SEPPLIER REPRES	ENTATIVE'S SIG	NATURE	Ammintal	1 2.	25-08		
STATE FO		<u> </u>		6899	HU3F11	If contin	uation sheet 1 of t		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2007	
NAME OF D	ROVIDER OR SUPPLIER	V3G194	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	12/00	'LLVV'
MARJUL				TERN AVEN TON, DC 20		ı	
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144	provide this resider	essary proactive mean nt with either an advo ce Federal Deficiency	sures to cate or a	l 144	See W104 #1 & W249	,	2-27-2008
1 162	The manual shall be approval by District have licensing, supported to the certification responsible. This Statute is not Based on staff inte	met as evidenced by rview and record revinsure the provisions	v and nel who and	l 162		,	
	revealed the policy not available for re Home for Mentally QMRP on 12/6/200 searched her reconthe survey team with	es: the aftermoon of 12/6/ r and procedures man view. Interview with the Retarded Persons (0 07 at 1:58pm reveale rds and was not able ith a copy of the corp ires manual for an or	nual was the Group SHMRP) d she to provide orate		The QMRP and House Mana ensure that a copy of the ager policy and procedure manual on the premises at all times.	ncy	2-23-2008
1 169	The manual shall in procedures for at larger (g) Resident life, which management of further behavior manager	hich covers clothing, nds, resident rights, on nent, services, paren ent, visitation, staff tr	nd discipline, tal and	1169			i : :

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTII A. BUILDING B. WING		(X3) DATE S COMPLI	
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	. HOMES			TERN AVEN TON, DC 2			
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l 16 9	Continued From pa	nge 2		I 169			
	Based on observative review, the GHMRI provisions of this sithree residents residents residents residents residents residents residents residents at the finding included buring the evening staff indicated that take part in a shop attend a local mall to be given over the with the GHMRP 2:32pm revealed the local bank under the takes part in the defunds. According accounts are held but each resident accordingly. There available at the time was no means to eaccount accrued in other per resident. Deficiency Report	pobservations on 12/ Residents #1 and #2 ping outing. They we and make purchase e coming holidays. It is QMRP on 12/5/200 he GHMRP has according from the partial epositing or withdraw to the QMRP, the ba- under the GHMRP is surder the GHMRP is the of survey and as a ensure that each sep enterest independently [Reference Federal - Citation W141]	nd record to two of [Resident /4/2007, 2 were to ere to s for gifts interview 7 at bunts at a er of their ink s name, tified cords such, there erarate y of each		See W141		2-23-2008
,	Resident #2 " elop over the past certing that this resident endings instances of elope again at 5:45pm on that sate eloped " from the	12/6/2007 at 2:20pm ped " from the GHM fication year. Staff do eloped twice on 2/27/ ment occurred at 4:3 me day. The first tim GHMRP, she stood d time she " eloped	RP twice ocumented 07. The 36pm and se she " on the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIF IDENTIFICATION NO		r/CLIA MBER:	(X2) MULTI A. BUILDIN B. WING _	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 12/05/2007		
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NAME OF P	ROVIDER OR SUPPLIER						i
MARJUL	. HOMES	·	6634 EAST WASHING	FON, DC 2	0012	<u> </u>	<u> </u>
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l 1 69	the sidewalk. As restaff was able to comme the CMRP was in 12:05pm and it was aware Resident #2 She further added incident report generorded events of evidence on file or survey to substant incidents of "elop	age 3 tout to the street and accorded, on both occorded, on both occorded have been served at the steep and eloped earlier if that there should have been at the time at the steep at the stee	asions, home. 007 at was not in the year. we been an ine was no ine of mented erly	I 169	See W153		2-26-2008
l 22 2	3510.3 STAFF TR	y Report - Citation W RAINING ntinuous, ongoing in- scheduled for all pe	service	l 222			
	This Statute is no Based on intervie GHMRP failed to been provided wit	ot met as evidenced by w and record review, ensure that each em th adequate training their duties effectively	by: , the iployee had to enable			·	
	The findings inclu			:			
	Resident #2 " eldover the past cert that this resident review also reveal Psychologist had 8/23/2007 by recito prevent this residence presidence presidence presidence survey to substantial content in the prevent this residence presidence pres	12/6/2007 at 2:20pr oped " from the GHN dification year. Staff of eloped twice on 2/27 died that the attending addressed this need commending a treatm sident's elopement, sented or on file at the thiate that the GHMR on how to manage,	MRP twice documented 7/07. Record g i on the strategy There was e time of the first term of the first				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SU COMPLE . 12/0:	
NAME OF PE	ROVIDER OR SUPPLIER		1		FATE, ZIP CODE		
MARJUL	HOMES		6634 EAST WASHING	TERN AVENU TON, DC 20	JE, NW 012		
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1 222	Continued From pa		:	1222			
	and/or report this n [Reference Federa W153]	esident 's elopemen Il Deficiency Report -	t. Citation				!
I 230	3510.5(g) STAFF	TRAINING		1 230			
}	Each training prog- limited to, the follow	ram shall include, bu wing:	t not be				
	(g) Habilitation pla	nning and implement	tation,				
	Based on interview GHMRP failed to e been provided with	t met as evidenced by and record review, ensure that each emp n adequate training to neir duties effectively,	the ployee had o enable			·	
	The findings include	de:	ļ				
	Resident #2 " elo over the past certi that this resident e review also reveal Psychologist had 8/23/2007 by reco to prevent this res no evidence prese survey to substant had been trained and/or report this	12/6/2007 at 2:20pm ped " from the GHM fication year. Staff do aloped twice on 2/27/led that the attending addressed this need mmending a treatment 's elopement. ented or on file at the tiate that the GHMRF on how to manage, do resident's elopemental Deficiency Report	RP twice ocumented //07. Record // on ent strategy There was a time of P's staff document of.		See W153		2-26-2008
1 260	3512.1 RECORD	KEEPING: GENERA	.L	1260			;
	Each Residence	Director shall maintai	in current				

Health Regulation Administration STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES IDENTIFICATION NU		ER/CLIA IMBER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE S COMPLI —				
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012						
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I 260	this section. This Statute is not Based on staff into GHRMP failed to filed in resident reaccurate manner performance againstance and behavior manages sampled resident. The findings includes the findings included the requirement of the stay on task and whenever engages physical exertion programmatic reassessment date.	ords and reports as reports as reports and reports as reports as evidenced by the record and record and records were maintained to reflect current indictions the requirements ement plans for two of its. Inde: I	by: view, the ected and ed in an cators of of their the three dent #1 's 007 opting to kly ch required #1 's tritional is that the	1260					
	physical fitness s 2. Objective 3a for thirty minutes	i - " [Resident #1] will by doing an activity t th 2 verbal prompts fo	l exercise hat elevates						
	for thirty minutes	o - " [Resident #1] will by doing an activity t th 1 verbal prompts fo nths. "	hat elevates	:					
	Review of the da Resident #1 rod	ata collection logs revi e her stationary bike f	ealed for 20		· 		! _!		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER 154	MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2007	
NAME OF PROVIDER OR SUPPLIER		_	RESS, CITY. FERN AVEI	STATE, ZIP CODE		
MARJUL HOMES		WASHING				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
12/3, 30 min on 12 this year. Interview 12/6/2007 at 3:37p the kind of person requires constant that the data collection involved for a total time and not conscimplementation methere was no evide in the activity as reproduce an elevator recommended. As has been on the inmonths and there effectiveness of the intervention.	O minutes on 12/2, 30/4, and for 30 min on with the facility 's Commerce aled Resident to stay focused on tatedirection. She also of 30 minutes over a secutively. Taking that ethodology in considerate that this resident quired or long enough the end of the past is no way to assess this written treatment.	12/5 of MRP on #1 is not sks and indicated of period of eration, t engaged h to program s weight few he	1 260	See W230 #2		2-23-2008
professional staff of necessary professional accordance with the individual habilitation necessary by the interprofessional service limited to, those set trained, qualified, District of Columb disciplines or area (b) Dentistry; This Statute is not based on staff into facility failed to en	Il have available qual to carry out and moni- ional interventions, in ne goals and objective on plan, as determine nterdisciplinary team tes may include, but arvices provided by in and licensed as requi ia law in the following	lified tor ses of every ed to be The not be adividuals ired by view, the ed dental	i 392			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM 09G154		JMBER:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2007	
NAME OF PROVIDER OR SUPPLIER	<u> </u>	1		TATE, ZIP CODE		
MARJUL HOMES			STERN AVENI GTON, DC 20			
PRECIVE (FACH DEFICIENCE	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(XS) COMPLETE DATE
#1's teeth to be direvealed this resident revealed this resident revealed this resident revealed this resident received and there was no had been monitole health since the countries is selected.	es: In 12/4/2007 revealers scolored. Record revient's Dental evaluation and a "filling of #5"), #26 (DF) and #27 atment under deep colition, this resident's explan identifies: Interpretation of poor oral ay, calculus, cavities and before bedtionals and before bedtionstaff: "DCS". Interpretation of the program ing " Independent of the program ing " Independent of the program ing " Interpretation of the program ing "2-3; in evidence that the interpretation of the program ing of this resident ing of this resident indication over indication over its program ing of the program ing of this resident indication over its program ing in program ing indication of the program ing indication of the program in ing in program in ing in its program in ing in its program in its prog	ented at the sented at this sented at this sented staff so oral at this series oral at the series or at the serie	e			

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NAME OF P	ROVIDER OR SUPPLIER			RESS, CITY, S	TATE, ZIP CODE		
MARJUL.	HOMES			TON, DC 20		•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE YMUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL !	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 392	#2's teeth were als Resident #2' s recommended " fil #25 (MILF), #26 (Dineeds treatment up Call in January to recommended " ci #14, #29. No return No evidence that the completed." c. Dental evaluating recommended " ci pental evaluating recommended " ci pental evaluating recommended "	n 12/4/2007 revealed to discolored. Review ords revealed the followent dated 12/4/2006 ling of #5 + #6 (f), 37 (F) and #27 (ML). Pander deep conscious re-schedule. "	filling mended.	1392			
	the above treatme with the facility's revealed she was recommendations QMRP also added switched between the 2/21/2007 app she also did not kn passed from the ofacility failed to enand aggressive deresident's declinity was no evidence pof survey to substitute the survey t	the records revealed ints were completed. QMRP on 12/6/2007 not aware that these were not being follow that the dental provision from the 12/4/2006 appointment. With that become if the dental historial dentist to the new sure the provision of intal services to manng oral health. Note: presented or on file a antiate that the treatmer from the 12/4/2006 as were completed.	Interview at 1:30pm at 1:30pm at 1:30pm aved. The derivation was a the consistent age a a the time ment		See W348		2-23-2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM 09G154			(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF P	ROVIDER OR SUPPLIER				ATE, ZIP CODE		
MARJUL	HOMES			ERN AVENU ION, DC 200			
(X4) 1D PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	r Full.	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
1 422	Continued From pa	age 9		1 422			
1 422	3521.3 HABILITAT	TON AND TRAINING	3	1422			ļ
	and assistance to the resident 's Ind This Statute is not Based on observareview the GHMRI receive intervention behavior manager sampled Resident. The findings included the fi	de: g observations on 12 provided smaller port She was also provide and a bowl of fruit at er residents were no ew with the GHMRP: Resident #1 was sup stead of the fruit. Th he was not sure if sh if review on 12/6/200 Resident #2 's Nutrit al Body Weight (IBW The assessment wa for and it further rece e to 1500 kcal weight ow fat yogurt 1 cup al mer diet. uate hydration. intake frequently. int monthly.	nce with lan. by: Ind record at residents eir three 2/4/2007, Itions than led a small the end of the provided sposed to e QMRP e could 7 at tionist 7) to be as ommends: I reduction, the land the end of the provided sposed to e QMRP e could 7 at tionist 1 to be as ommends: I reduction, the land the end of the land		1. See W240		2-26-2008
	ideal body weight	aintain weight within range view, with the assista					! !

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING R. WING					
NAME OF PROVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
MARJUL HOMES			ERN AVEN		·	
PRICEIV FEACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
the months of 8/200 important to note the level has been assess also no means of as increasing or decree no documentation of survey to substant nutritional plan has recommended. [Resport - Citation W. 2. Review of and a medications provided less ident #2 's also Oxybutymin CL. ER Further record review a. Psychological Adetails to continue to the urology consults nocturnal enuresis. b. Urology assess recommended that Retarded Persons [Resident #1] to void Interview with the fact 2:17pm revealed made by the Urologo important in the fact and the Urologo made by the Urologo important in the fact and by the	at there was no meastiate that "adequating provided or that I provided or that I provided or that I provided or that I provided or the yogurt is being mented. Further read again to 183lbs to 17 and 11/2007. It is at this resident's areas a coordingly. To file or presented a stream of the end during med-pass a receives 10mg of daily for bladder color assessment dated 3 the "recommendation of the Group Home for the Group Home for the Group Home for GHMRP) "encountid every three (3) how acility's QMRP on the treatment interests has not been im is unclear why this is unclear why this is unclear why this in the treatment interests.	e her food ly, the ng cord opped from 07 and opted from 107 and opted from 108 also holesterol there is lis chere was lat the time ent's ficiency revealed opted from 108 also from holesterol opted from 108 also f	1 422	2. See W232		2-23-2008

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	T OF DEFICIENCIES OF CORRECTION		ROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE SI WING (X3) DATE SI COMPLE		PLETED		
		09G154				12/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER	j			STATE, ZIP CODE		
MARJUL	. HOMES			TERN AVEN TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	on both 12/4/2007 was observed to inchores after staff place. The various a different parts of the and oftentimes out 12/6/2007 at 2:20ple eloped " from the facertification year. See resident eloped twireview revealed Repotential to elope werecommendations: a. Goal: [Resident elopement to zero be a successful in other assigned are ther (caimly, as to pask her to return werefuses, staff should control techniques person from one losituation continues other [Provider] staff in continues other [Provider] staff in continues other [Provider] staff in Continue to implication continues other [Provider] staff in Continues other [Provider] sta	on and evening obsertand 12/5/2007, Residependently manage rompted her to initiate ssignments took place house, on different of sight. Record review revealed Resident acility twice over the patalog of commented that the conductor of 2/27/07. Further sident #2 's Psychol 8/23/2007 addressed with the following treatment of the following treatmen	dent #2 her e each ce at floors, ew on #2" past this er record ogy d her trment bisodes of Resident [Resident gresident ame or r pursue on) and #2] sical scort a he buld call sistance t dated	1422	3. See W189		2-23-2008
ealth Requ	strategies outlined avoid behaviors be lation Administration	in the behavior progr	am to				! !

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G154	_	B. WING		12/0	5/2007	
NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE			
MARJUL	HOMES		6634 EASTE WASHINGTO			•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
1 422	Continued From pa	ge 12		422			,	
	ii. Continue to mo	nitor [maladaptive] b	ehaviors.					
	Mental Retardation revealed she was n Psychologist meant Resident #2 remain	t when she recomme r in her " assigned ar	nded :					
	staffing was discon psychologist had re "supervised by sta- should "pursue he	I this resident 's one- tinued, but was not a commended this res ff at all times " and the or " if she leaves her here was no evidence	ware the ident be nat staff					
	presented or on file substantiate that th	e at the time of survey e necessary coordina mented to address th	to ation of					
1 429	3521.6 HABILITAT	ION AND TRAINING	į	429				
	resident to be reeva	ctor shall arrange for aluated and to receive on Plan, which is upd st annually.	ean ,			•		
	Based on staff inter	met as evidenced by rview and record revi ccurately assess a re suicide.	ew, the 🚶		·			
	The finding include	s:						
	Resident #2 's epis afternoon of 12/6/2 Resident #2 's Psy 9/13/2007 resolved Implement Reinteg	w the GHMRP mana- sodes of elopement of 007, it was found that chiatric assessment that the GHMRP sho ration Plan and Suici	on the t dated ould " de					
looth Os	Behavior Protocol v	when needed ". A se	condary				<u>i</u>	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION G	(X3) DATE SI COMPLE	TED
		09G154				12/0	5/2007
NAME OF P	ROMDER OR SUPPLIER		1		STATE, ZIP CODE]
MARJUL	HOMES	. ,		TERN AVEI TON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ;	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	assistance reveale instance of recording suicide risk. It was Psychiatrist indicate clear what the "Rebehavior Protocol" could not be located records. The QMR address this finding safety of this reside Deficiency Report	ds with the QMRP 's of that there was no ong that this resident valso not clear how or ed as such. It was alse integration Plan and entailed. The actual anywhere in this reprindicated that she was to ensure the healthent. [Reference Fede	other was a r why the so not i Suicide al plan esident's will n and	1429	The psychological assessmerommend the implement suicide behavior protocol with filed in the individuals IPF is recommended bythe psybe implemented as needed	ation of the which is book and it chologist to	2-28-2008
	The habilitation and GHMRP shall include be limited to, the following in the following and banking); This Statute is not based on observative review, the facility were afforded the managing their final section. [Residents	d training of residents ide, when appropriate bllowing areas: agement (including b t met as evidenced by tion, staff interview ar failed to ensure that i opportunity to take pa ances as required by s #1 & #2]	s by the e, but not udgeting y: nd record resident's				
Health Regi	staff indicated that take part in a shop attend a local mall to be given over the with the GHMRP 2:32pm revealed to local bank under the	es: g observations on 12/ Residents #1 and #2 ping outing. They we and make purchase the coming holidays. In s QMRP on 12/5/200 the GHMRP has according in names, but neith epositing or withdraw	2 were to ere to s for gifts nterview 07 at ounts at a er of them				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G154		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPL	(X3) DATE SURVEY COMPLETED 12/05/2007		
			STREET ADD	RESS CITY.	STATE, ZIP CODE		
MARJUL	ROVIDER OR SUPPLIER HOMES		6634 EAS	TERN AVEI TON, DC 2	NUE, NW		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
i 443	Manager procures President/Owner a from the resident revealed neither Re been assessed to with regards to mo no evidence on file survey to substanti	to the QMRP, the Hou the funds from the G fter he withdraws the s accounts. Record r esident #1 nor Reside determine their level ney management. The or presented at the t inter that both resident tunity to manage the	HMRP's money eview ent #2 had of ability nere was time of t's was	1443	See W126		2-23-2008
1 500	that the rights of reprotected in accord	r'S RIGHTS idence director shall desidents are observed dance with D.C. Law rapplicable District ar	d and 2-137, this	1500			
	Based on observa review, the GHMR provisions of this s	t met as evidenced by tion, staff interview at P failed to ensure the section as required for siding in the GHMRP.	nd record e or two of				
	administered 400r condition), 2mg of 5mg of Risperdal Lithium Carbonate disorder). Record medications were based on the curre (12/2007) that were	de: yas observed being yas observed being yas of Tegretol (for me Klonipin (for mental yas of Psychosis) and 4 yas (for explosive behave yas review revealed this yadministered as present physician 's orde ye on 12/6/2007 at 1:5	condition), i50mg of vior resident 's scribed irs vith the				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER:	A. BUILDIN	·	(X3) DATE S COMPL	
		09G154		B. WING_		12/0	5/2007
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		
MARJUL	HOMES	:	6634 EAST WASHINGT				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL :	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 500	Continued From pa	ige 15	1	1 500			:
	revealed that Reside been actively involved as committed. Further Resident #1 's sist Consent for Psychological Consent for Psychological Consent for Psychological Consent for Support Medication Review or the Human Right address the implementation of the Indiana Address the implementation of the Indiana Right address the implementation of the Indiana Right address the implementation of the Indiana Right address the	dent #1 's older sister wed in her care ever somether record review mer signed the "Information of Medication are agreement, but there took part in the Psychological was held on 1 ats Committee meeting mentation of Residen Plan. [Reference Fed Citation W124] as observed being and 1 mg Klopin (foontrol). Record reviewed on the current physical control of the current physical contr	eince she evealed, ned id e is no notropic 1/29/2007 ig to t #1's eral HCL (for r Panic w revealed nistered sician's		1. See W124 #1 2. See W104 #1		2-23-2008
-	the GHMRP's QN revealed that Resinappointed a legal a record review revealther a legally appearing the psychot Human Rights Consimplementation of [Reference Federa W124] 3. During the event 12/4/2007, staff incomplementation of for gifts to be given Interview with the C12/5/2007 at 2:32p accounts at a local neither of them take lation Administration	hat were on file. Inter MRP on 12/6/2007 at dent #2 has not been advocate to date. Fur haled that no one stock to inter guardian or a propic medication review mittee meeting to a her Behavior Support of Deficiency Report of Deficiency Report of the a shopping outing a hover the coming how of the CHMRP is QMRP or or revealed the GHM bank under their narkes part in the deposition.	2:00pm ther ad as dvocate ew or the ddress the t Plan. Citation s #1 and ag. They urchases lidays. IRP has mes, but		3. See W126		2-23-2008
STATE FOR			6	1899	HU3F11	If continua	lion sheet 18 of 17

p.42

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE (DENTIFICATION NUI		MBER:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/05/2007		
NAME OF P	ROVIDER OR SUPPLIER		•	DRESS, CITY, ST TERN AVENI	TATE, ZIP CODE		
MARJUL	HOMES		WASHING	TON, DC 20	012		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID i PREFIX TAG i	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 500	QMRP, the House from the GHMRP withdraws the more accounts. Record Resident #1 nor R to determine their money management file or presented a substantiate that be	funds. According to Manager procures to s President/Owner and the resident review revealed neith esident #2 had been level of ability with resent. There was no evit the time of survey tooth resident 's had artunity to manage the	he funds after he 's her assessed gards to idence on o a been	1 500			
Health Regu	ulation Administration			<u>'</u>	<u></u>		!

MarJul Homes, Inc.

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